PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/837480												180
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			42					ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			¥ 2minus 20=		. 37		• [3	X\$ 9=		OR	X\$18=	396
INDEPENDENT CLAIMS			✓ minus 3 =		, 1 -			(40 =		OR	X80=	80
		DENT CLAIM P						+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						Ī	TOTAL		OR	TOTAL	1186	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total (10	- 44	Minus	- 4	2	- 2	[(\$ 9 <u>-</u>		OR	X\$18=	36.W
SE .	Independent	. 4	Minus	***	<u>y</u>	•		K40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=	
0 2 1							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		ŖATE	ADDI- TIONAL FEE
3	Total	• 4	Minus	5	4		!	(\$ 9=		OR	X\$18=	
AME	Independent	· (2)	Mirius	ENDEN	CLAIM	<u> </u>		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY								135=		OR	+270=	
BEZI WAVILLER								TOTAL DIT. FEE		OR	ADDIT. FEE	
<u> </u>	M.00	(Column 1)	·	10010	<u>ກາກ 2)</u>	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	HESY MBER OUSLY FOR	PRESENT PECTRA		RATE	ADDI- TIONAL FRE		RATE	ADDI- TIONAL FEE
DME	Total	·28	Minus	• 4	12	<i>~</i>	[:	K\$ 9=		OR	X\$18=	, ,
ME	Independent	· 2	Minus	*** .*	4	-		X40≐	7	OR	X80=	/
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	7	
" If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. " If the Trighest Number Previously Paid F I" IN THIS SPACE is 1 as than 20, enter "20."								YOYAL DIT. FEE		OR	TOTAL ADDIT: FEE	
		mber Previously Pa to r Pr viously Pa		IC CUAL I	. (2 I 25 TN	R. 3. STUDY 3.				x in o		

pplication or Docket Number